

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



June 16, 2003

ALL COUNTY LETTER NO. 03-26

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL FOOD STAMP COORDINATORS
ALL COUNTY REFUGEE COORDINATORS

SUBJECT: INCREASES TO THE MAXIMUM AID PAYMENT (MAP) AND
MINIMUM BASIC STANDARD OF ADEQUATE CARE (MBSAC)
LEVELS IN THE CALIFORNIA WORK OPPORTUNITY AND
RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM AND THE
REFUGEE CASH ASSISTANCE (RCA) PROGRAM

REFERENCE: WELFARE & INSTITUTIONS CODE SECTIONS 11450, 11452
AND 11453

The purpose of this letter is to inform the counties of increases to the MAP in the CalWORKs program effective June 1, 2003. Initially, the Department anticipated that legislation would pass suspending the June 2003 Cost-of-Living Adjustment (COLA). However, since no legislation or budget passed authorizing the suspension, county welfare departments are now required to implement current provisions in statute that provide for an annual COLA. This year's COLA increases the MAP and MBSAC by 3.74 percent.

The new MAP levels are used in determining the aid payments as of June 1, 2003, and subsequent months. The new CalWORKs Payment Standards tables for Region 1 and Region 2 are included in Attachments 1A and 1B, and are provided to assist in implementing the changes. The new MBSAC amounts affect families that apply for CalWORKs on or after June 1, 2003. The increased amounts in the In-Kind Income portion of the tables affect both recipients and new applicants of CalWORKs who state they earn or receive in-kind income for any of the need items listed on this table.

MAP Increase

Since an expedited resolution could not be reached to suspend the June 2003 COLA, the Department recognizes counties were not instructed in time to reprogram impacted automated systems to meet the MAP COLA increase effective on

REASON FOR THIS TRANSMITTAL

- ☒ [X] State Law Change
- ☐ [] Federal Law or Regulation Change
- ☐ [] Court Order
- ☐ [] Clarification Requested by One or More Counties
- ☐ [] Initiated by CDSS

June 1, 2003. Therefore, counties are instructed to issue retroactive supplemental payments to those recipients who are eligible to receive them back to the June 1, 2003 effective date. Pursuant to Manual of Policy and Procedures (MPP) Section 44-340.6, CalWORKs retroactive payments shall not be considered income or as a resource in the month paid nor the following month.

CalWORKs and Food Stamp Mass Informing Notice

Attachments 2A and 2B provide the mass informing stuffers you should use to notify CalWORKs recipients of the new MAP levels. Attachment 2A is designed for residents of Region 1, and Attachment 2B for Region 2 residents. These stuffers provide information about changes in cash aid standards and serve as advance notification to CalWORKs recipients. Both attachments contain language to inform households that food stamps may be reduced due to the increase in cash aid. In addition, the stuffer includes the State's toll free number for public inquiries. Those calling the number will hear a taped message concerning the changes and hearing rights associated with law changes. The taped message will be provided in English and Spanish. Because the supplement must be completed promptly in accordance with MPP Section 44-340.13, the stuffers must be sent to current CalWORKs recipients so they are received as soon as it is administratively feasible.

CalWORKs Notice of Action (NOA) Language

Attachment 3 provides a NOA for county use. Counties may, but are not legally required to, issue NOAs for increases in grants resulting solely from the law change.

Refugee Cash Assistance (RCA)

These MBSAC and MAP COLAs also apply to RCA applicants and recipients effective June 1, 2003.

Food Stamp Information

Adjustments in Food Stamp benefits resulting from mass cash aid changes are considered a mass change as provided in MPP Section 63-504.392. The mass informing stuffers provided in Attachments 2A and 2B contain the necessary information for advising Public Assistance Food Stamp households of benefit changes. An individual Notice of Change (DFA 377.4) is not required if the sole reason for the change in benefits is the MAP increase.

The following describes how to treat the CalWORKs MAP increase supplemental payments received by Food Stamp households:

For monthly reporting households subject to retrospective budgeting, if the County Welfare Department (CWD) sends a supplemental payment for the MAP increase in the month of June for the month of June, but did not have time

to prospectively budget the supplemental payment, the CWD must retrospectively budget the June supplement in August 2003 [MPP 63-503.232(c)(5)(A)].

However, if the June supplement is not sent until July, it is considered a non-recurring lump sum payment for Food Stamp Program purposes and is counted as a resource in the month of July [MPP 63-502.2(j)]. This provision applies to retrospectively budgeted households as well as prospectively budgeted households.

Overpayment Recovery

Supplemental payments made to the CalWORKs recipients as head of their own AU, are to be offset against existing cash aid overpayments, as required by MPP Section 44-351.3. However, counties must not use these payments to offset supportive service overpayments. Regulations MPP Section 42-751.4 (e) for transportation and ancillary overpayments and Section 47-440.12 for child care overpayments permit a recipient to voluntarily have supportive service overpayments repaid through grant adjustment.

Camera-Ready Copies

After you receive the copy of the English and Spanish CalWORKs forms and messages, please allow one week for the forms and messages to be translated and mailed to your CalWORKs Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Chinese, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms or messages from LTS. To order additional camera-ready forms or messages in Spanish, Chinese, Vietnamese or Russian, FAX your request to LTS at (916) 657-3429 or e-mail it to LTS@dss.ca.gov.

For a camera-ready copy and/or an additional copy of an English form, please call the Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain various forms (not including NOA messages) from the CDSS web page at: www.dss.cahwnet.gov. FMU is currently in the process of making forms available on the Internet. If the name, mailing address or e-mail address of your CalWORKs Forms Coordinator changes, please contact FMU by telephone at (916) 654-1282 or by e-mail to fm@dss.ca.gov. For additional copies of NOA messages in English, please contact Shawn Bradley at (916) 653-8675 or by e-mail at: shawn.bradley@dss.ca.gov.

Translations

Your CalWORKs Forms Coordinator is to distribute translated forms and messages to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section

7290 et seq.), and by State regulations in MPP Division 21, Civil Rights Nondiscrimination, Section 115.

NOA Message M44-315 translated into Russian, Chinese and Vietnamese will be provided to counties by LTS under separate cover. For additional translated copies of the NOA messages contact LTS by phone at (916) 654-1282 or by e-mail at LTS@dss.ca.gov.

Contacts

If you have any questions regarding the CalWORKs MAP and MBSAC increases, please contact Eden-Marie Eulingborough at (916) 653-4992. Questions about RCA should be addressed to Kathy Noble at (916) 654-2602. For questions regarding treatment of the MAP increase in the Food Stamp budget, you may contact Rosemary Akhidenor at (916) 654-2116.

Sincerely,

*Original signed by
Bruce Wagstaff on 6/16/03*

BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

c: CWDA
CSAC

CalWORKs PAYMENT STANDARDS
Effective June 1, 2003
Region 1

ATTACHMENT 1A

Assistance Unit Size	Maximum Aid Payment Exempt	Maximum Aid Payment Non-Exempt	MBSAC	Housing	Utilities	Food	Clothing	80% of MAP Exempt Assistance Units	80% of MAP Non-Exempt Assistance Units
1	387	349	439	198	41	109	34	310	279
2	636	568	719	265	47	233	64	509	454
3	786	704	891	289	50	298	96	629	563
4	935	839	1,060	304	53	369	129	748	671
5	1,065	954	1,209	304	53	446	162	852	763
6	1,196	1,072	1,359	304	53	516	193	957	858
7	1,314	1,178	1,493	304	53	575	228	1,051	942
8	1,434	1,283	1,626	304	53	630	254	1,147	1,026
9	1,548	1,386	1,763	304	53	692	292	1,238	1,109
10	1,663	1,489	1,913	304	53	747	321	1,330	1,191
More than 10	1,663	1,489	Add \$16 for each extra person					1,330	1,191

CalWORKs PAYMENT STANDARDS
Effective June 1, 2003
Region 2

ATTACHMENT 1B

Assistance Unit Size	Maximum Aid Payment Exempt	Maximum Aid Payment Non-Exempt	MBSAC	Housing	Utilities	Food	Clothing	80% of MAP Exempt Assistance Units	80% of MAP Non-Exempt Assistance Units
1	368	331	417	189	41	109	34	294	265
2	606	540	684	251	47	233	64	485	432
3	750	671	848	275	50	298	96	600	537
4	891	799	1,008	289	53	369	129	713	639
5	1,017	909	1,149	289	53	446	162	814	727
6	1,141	1,021	1,292	289	53	516	193	913	817
7	1,254	1,119	1,418	289	53	575	228	1,003	895
8	1,365	1,221	1,546	289	53	630	254	1,092	977
9	1,477	1,320	1,675	289	53	692	292	1,182	1,056
10	1,585	1,417	1,820	289	53	747	321	1,268	1,134
More than 10	1,585	1,417	Add \$16 for each extra person					1,268	1,134

State Law Changes Maximum Aid Payments (MAPs) for Cash Aid Recipients



As of June 1, 2003, most families will get an increase in their cash aid. The MAP will be increased by 3.74%. Please keep in mind, if you move to another county, the MAP may be different.

If you need information about the MAP change, please call:

- Toll-free 1-800-248-8068
- TDD for the hearing impaired
1-800-952-8349

Food Stamp Changes:

Most families get less food stamps when they get more cash aid. You will get a separate Notice of Action if your food stamps change for other reasons.

If you think there is a mistake in your cash aid or food stamps, you may want to file for a state hearing. Your food stamps may stay the same until the hearing or the end of your certification period, whichever is earlier. If the MAP increase is the only reason you got less food stamps, your food stamps will not stay the same until the hearing. If the hearing decision says we are right, you will owe us for any extra food stamps you got.

You can ask about your hearing rights or ask for a state hearing at the state information number:

Call toll-free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

If you need help understanding this notice, contact your County worker.

New MAP Tables for Region 1

These new MAP tables show how your cash aid may change.

This table shows the MAP for families that get a lower MAP:

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$ 336	\$ 349	\$ 13
2	548	568	20
3	679	704	25
4	809	839	30
5	920	954	34
6	1033	1072	39
7	1136	1178	42
8	1237	1283	46
9	1336	1386	50
10 or more	1435	1489	54

This table shows the MAP for families that get a higher MAP:

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$ 373	\$ 387	\$ 14
2	613	636	23
3	758	786	28
4	901	935	34
5	1027	1065	38
6	1153	1196	43
7	1267	1314	47
8	1382	1434	52
9	1492	1548	56
10 or more	1603	1663	60

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You can ask about your hearing rights or ask for a state hearing at the state information number:

Call toll-free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

New MAP Tables for Region 2

These new MAP tables show how your cash aid may change.

This table shows the MAP for families that get a lower MAP:

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$ 319	\$ 331	\$ 12
2	521	540	19
3	647	671	24
4	770	799	29
5	876	909	33
6	984	1021	37
7	1079	1119	40
8	1177	1221	44
9	1272	1320	48
10 or more	1366	1417	51

This table shows the MAP for families that get a higher MAP:

Person(s) on aid	Old MAP	New MAP	Increase in MAP
1	\$ 355	\$ 368	\$ 13
2	584	606	22
3	723	750	27
4	859	891	32
5	980	1017	37
6	1100	1141	41
7	1209	1254	45
8	1316	1365	49
9	1424	1477	53
10 or more	1528	1585	57

If you need help understanding this notice, contact your County Worker.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of June 1, 2003, the county is changing your monthly cash aid from \$_____ to \$_____.

Here is why:

As of June 1, State Law makes the Maximum Aid Payment standard go up by 3.74 percent.

Your new cash aid amount is figured on this page.

Monthly Cash Aid Amount

Section A.	Countable Income, Month of	
Total Business Income	\$ _____
Business Expenses:		
a. 40% Standard	- _____
OR		
b. Actual	- _____
Net Earnings from Self-Employment	= _____
Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)	\$ _____
\$225 Disregard	- _____
Nonexempt Unearned Disability-Based Income	= _____
OR		
Unused Amount of \$225 Disregard	= _____
Total Earned Income	\$ _____
Net Earnings from Self-Employment (from above)	+ _____
Subtotal	= _____
Unused Amount of \$225 Disregard (from above)	- _____
Subtotal	= _____
Earned Income Disregard 50%	- _____
Subtotal	= _____
Nonexempt Unearned Disability-Based Income (from above)	+ _____
Other Nonexempt Income of (Assistance Unit + Non-Assistance Unit Members)	+ _____
Net Countable Income	= _____

Section B.	Your Cash Aid, Month of	
1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	..	\$ _____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members)	+ _____
3. Net Countable Income from Section A	- _____
4. Subtotal	= <input type="text"/>
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding MFG or penalized Persons)	\$ _____
6. Special Needs (Assistance Unit only)	+ _____
7. Maximum Aid Subtotal	= <input type="text"/>
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7)	= _____
9. Line 8 Prorated for Part of Month	= _____
10. Adjustments:		
25% Child Support Penalty(ies)	- _____
Overpayment	- _____
Cal-Learn Penalty(ies)	- _____
Cal-Learn Bonus	+ _____
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted)	= _____

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 44-315.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's Why: _____

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE